

SCHEDULE A
SMOKELESS TOBACCO
MANUFACTURER/WHOLESALE'S
REPORT OF SALES

OFFICIAL USE ONLY

Check here for: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	Manufacturer/Distributor Name	Account Number	Warehouse Location	Page Number _____ of _____	Period (MM/YY - MM/YY)
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|---|---|
| <ol style="list-style-type: none"> 1. Name and address of purchaser/seller 2. Name of common carrier 3. Purchaser's PA tobacco products license number 4. Did the purchaser pay the tax - yes or no? If no tax is collected you must retain a copy of the completed Tobacco Products Exemptions Certificate (REV-1042) received from the purchaser for four years. 5. Invoice Date | <ol style="list-style-type: none"> 6. Invoice Number 7. Description of the tobacco product sold 8. Number of smokeless tobacco units sold that were packaged in less than 1.2 oz. containers 9. Total tax paid on units less than 1.2 oz. 10. Containers of smokeless tobacco sold weighing 1.2 oz. or greater 11. Total tax paid in 1.2 oz. or greater |
|---|---|

1. PURCHASER'S/SELLER'S NAME AND ADDRESS			2. NAME OF COMMON CARRIER		3. TOBACCO PRODUCTS LICENSE NUMBER	4. TAX PAID Y/N
5. INVOICE DATE	6. INVOICE NUMBER	7. MANUFACTURER/PRODUCT DESCRIPTION	8. UNIT LESS THAN 1.2 OZ. SOLD	9. TOTAL TAX COLLECTED/PAID FOR UNITS LESS THAN 1.2 OZ	10. OUNCES 1.2 OR GREATER SOLD	11. TOTAL TAX COLLECTED/PAID FOR 1.2 OZ OR GREATER
CUSTOMER TOTALS						

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CUSTOMER TOTALS						

File appropriate schedules with return at mypath.pa.gov.
Note: If multiple pages reported, please number all and sign on the last page.

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TOTAL UNITS LESS THAN 1.2 OZ.	EXEMPT UNITS	TAXABLE UNITS	TAX DUE	TOTAL OUNCES 1.2 OR GREATER	EXEMPT OUNCES	TAXABLE OUNCES	TAX DUE

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Name (Print or Typed)	Authorized Signature	Telephone Number	Date